Eligibility Requirements:

- Reside or work full-time within the Town of Berlin.
- 21-years of age or older.
- No outstanding warrants or pending criminal cases.
- No felony convictions.
- No misdemeanor arrests within the past three years.

Completed applications can be submitted any of the following ways:

- **U.S. Mail**  
  Attention: Lieutenant Shawn Solek  
  Berlin Police Department  
  240 Kensington Road  
  Berlin, CT 06037

- **Email**  
  Completed applications can be sent to  
  ssolek@berlinpd.org

- **Hand Delivered**  
  Completed applications can be dropped off for  
  Lieutenant Shawn Solek at police headquarters  
  240 Kensington Road, Berlin, CT 06037

Applications can also be downloaded from our website @ www.berlinpd.org

**Application Deadline is Friday, September 27, 2019.**
Name: ___________________   Date of Birth: ___________________

Address: ___________________ City/ Zip: ___________________

Email Address: ___________________ Drivers License #: ___________________

Home Phone: ___________________ Cell Phone: ___________________

Education (Circle one)
College Graduate
High School Graduate
GED Certificate
Grade 12
Grade 11
Grade 10
Grade 9

Community Affiliation(s) (Circle one all that apply)
Berlin Resident     YES / NO
Employed in Berlin NO / YES Employer   ____________________________

How did you hear about the Berlin Citizen’s Police Academy? ___________________

________________________________________________________________

Please explain why you want to participate in the Berlin Police Citizen’s Police Academy?

________________________________________________________________

________________________________________________________________

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________________________________________________________________

________________________________________________________________

Have you ever been arrested, convicted, or cited for any offense other than a traffic violation?  YES / NO (If you answer yes, provide specific details below.)

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
Person to be contacted in case of emergency during your attendance at the Academy:

Name: ___________________________ Relationship: ___________________________

Address: __________________________________________________________________

Home Phone: _________________________ Cell Phone: _________________________

Alternate Person to be contacted in case of emergency:

Name: ___________________________ Relationship: ___________________________

Address: __________________________________________________________________

Home Phone: _________________________ Cell Phone: _________________________

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to the questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejection of enrollment or dismissal from the Berlin Police Department Citizen’s Police Academy. I further understand that the Berlin Police Department will be conducting a thorough background investigation which may include, but not be limited to, any criminal history, employment history and personal references.

________________________________________   __________________________
Signature                                      Date
BERLIN POLICE DEPARTMENT
WAIVER OF LIABILITY

In consideration of being authorized transportation in a Berlin Police Department vehicle, I hereby waive all claims present or in the future against the Berlin Police Department or any member thereof, and the Town of Berlin for any and all incidents, damages or injuries which may be incurred by me as a result of being granted such authorization.

______________________________
Signature of Person Seeking Authorization

Subscribed and sworn to before me

this _______day of ________________, 19_______

________________________________________
Notary Public

My Commission Expires:____________________